

Commonwealth of Massachusetts
Executive Office of Health and Human Services

September 2007

Version 1.84



837I User Guide Addendum
Provider Claim Submission Software
(PCSS)

Commonwealth of Massachusetts

Executive Office of Health and Human Services

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Foreword



IMPORTANT: Please note that the PCSS software was designed to accommodate HIPAA-compliant billing for all MassHealth provider types. For this reason, you may see several fields that are not relevant to your type of billing. In most cases, you will not be required to fill them out. To help you learn how to navigate the screens and use the software, PCSS training is available for both new and intermediate users. Introductory training makes it quick and easy to get familiar with the software and move forward with your transition.

The transition to a new way of electronic billing takes some time and effort, but it brings significant benefits. For more information on training or testing, please contact MassHealth Customer Service at 1-800-841-2900, or by e-mail at pcsssupport@mahealth.net.

1.0 Patient Information and Codes Tab

This section contains specific instructions for completing each item in the patient information and codes tab.

In every drop-down menu, you may select the appropriate value by right-clicking in the field and then by selecting the desired value. By placing the cursor over the field, the program will provide you with a descriptive value for the field. Please note that some fields are situational and are required only if certain conditions are met. Please continue to use your MassHealth billing instructions for directions on submitting claims to MassHealth.

Item	Description	Instruction
LOB (Line of Business)	MassHealth	MCD (MassHealth/Medicaid) will be the default.
Item 3	Patient control no.	Enter the patient account number. This patient account number will be printed on the remittance advice to help identify the claim.

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Item	Description	Instruction
Item 4	Type of bill	Use the drop-down menu to choose the applicable value. The list presented will be the first two positions of this three-position code. The third position (frequency) has to be keyed in. The values for the third position are: 0 – nonpayment zero claim 1 – admit to discharge 2 – interim – first claim 3 – interim – continuing claim 4 – interim – last claim 5 – late charges 7 – replacement of prior claim 8 – void/cancellation of prior claim
Item 5	Fed tax ID	Enter the federal tax identification number.
Item 6	Statement covers period	Enter beginning service date and ending service date in MM/DD/YY format.
Cov D	Covered days (inpatient claims only)	Enter the total number of covered days of care represented by the statement covers period field.
N-CD	Noncovered days (inpatient claims only)	Leave this item blank.
Item 12	Member's name	Enter the member's last name, first name, and middle initial.
Item 13	Member address 1, 2, city, state, zip, phone	Enter the member's address information. Note: State in standard post office format.
Item 14	Birth date	Enter the member's date of birth in MM/DD/YY format.
Sex	Sex of the member	Enter M for male, F for female or U for unknown.
MS	Marital status	Use the drop-down menu to choose the applicable value.
Admission	Date patient admitted	Enter the admission date in MM/DD/YY format.
HR	Hour of admission	Enter the two-digit code that corresponds to the hour the member was admitted. Choose a value from 00 – 23 to designate the hour.
Type	Type of admission	Enter the appropriate code to indicate the priority of the admission. Use the drop-down menu to choose the applicable value.
SRC	Patient admitting source	Enter the appropriate code to

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Item	Description	Instruction
		indicate the source of the admission. Use the drop-down menu to choose the applicable value.
D HR	Hour of discharge	Enter the appropriate code to indicate the discharge hour. Use the drop-down menu to choose the applicable value.
STAT	Patient discharge status	Enter the appropriate code to indicate the member's status. Use the drop-down menu to choose the applicable value.
Item 23	Medical record no.	Enter the medical record number assigned to the member's medical record.
Item 24	Condition codes	If applicable, enter the code that describes the member's special circumstances. Use the drop-down menu to choose the applicable value.
Item 32	Occurrence code/date	If the service was necessary because the member was involved in an accident, enter in the code fields the code that describes the type of accident. Use the drop-down menu to choose the applicable value. Enter in the date fields the date the accident occurred.
Item 33	Occurrence code/date	If the service was necessary because the member was involved in an accident, enter in the code fields the code that describes the type of accident. Use the drop-down menu to choose the applicable value. Enter in the date fields the date the accident occurred.
Item 34	Occurrence code/date	If the service was necessary because the member was involved in an accident, enter in the code fields the code that describes the type of accident. Use the drop-down menu to choose the applicable value. Enter in the date fields the date the accident occurred.
Item 35	Occurrence code/date	If the service was necessary because the member was involved in an accident, enter in the code fields the code that describes the type of accident. Use the drop-

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Item	Description	Instruction
		Use the drop-down menu to choose the applicable value. Enter in the date fields the date the accident occurred.
Item 36	Occurrence code/span	If the medical or nonmedical leave of absence needs to be reported, use the drop-down menu in the code field to choose the applicable value. Enter in the date fields the dates the leave of absence occurred.
Item 37	ICN/DCN	Payer's internal control number of the original bill and chosen from the remittance advice. Use the former transaction control number (TCN) only for void or replace.
Item 39	Value code/amount	Use the drop-down menu to choose the applicable value, then add the dollar amount.
Item 40	Value code/amount	Use the drop-down menu to choose the applicable value, then add the dollar amount.
Item 41	Value code/amount	Use the drop-down menu to choose the applicable value, then add the dollar amount.

2.0 Billing Line Items Tab

This section contains specific instructions for completing each item in the billing line items tab. In every drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value.

Item	Description	Instruction
Item 42	Revenue code	Enter the appropriate revenue code to identify the accommodations and services provided. Use the drop-down menu to choose the applicable value.
Item 44	HCPCS	Enter the HCPCS code if applicable. Use the drop-down menu to choose the applicable value.
Item 44	Modifiers (1-4)	Enter the modifier if applicable. Refer to your MassHealth provider manual for acceptable modifiers.
Item 44	Rate	Enter the usual and customary fee.
Item 45	Service date	Enter the 'from' date and, if applicable, the 'thru' date in

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		MM/DD/YY format.
Item 46	Units/days	Enter the number of units or days applicable.
Item 47	Total charges	Enter the total charges associated with the service.
Item 48	Noncovered charges	Enter the noncovered charges associated with the service.

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3.0 Extended Details (LINE n).

This section contains specific instructions for completing each item on the extended details (LINE n).

In all cases of the drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value.

Item	Description	Instruction
Form Loc. 49	Not used	Leave this item blank.
Procedure Type	Procedure type	If applicable, select values from the drop-down to indicate the type of procedure specified.
Units Type	Units type	If applicable, select values from the drop-down to indicate the type of units specified.
Assessment Date	Assessment date	Leave this item blank.
National Drug Code	National drug code	Leave this item blank.
National Drug Unit Price	National drug unit price	Leave this item blank.
Nat. Drug Units.	National drug units	Leave this item blank.
Nat. Drug Type.	National drug units	Leave this item blank.
Prescription No.	Prescription no.	Leave this item blank.

4.0 MSP/COB (LINE n).

This section contains specific instructions for completing each item on the MSP/COB (LINE n). In all cases of the drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value.

NOTE: This tab will appear only if the “COB?” element on the Diagnosis/Procedure tab is Y.

Line-Level Adjudication/COB Information (ANSI-837 Use Only)

Service Line Adjudication (SVD) Information

Item	Description	Instruction
P/S	Primary (P) or secondary (S) payer	Enter as appropriate.
Rev Code	Revenue code	Enter the revenue code matching the applicable billing line.
Proc Qual /Code	Procedure code qualifier	If applicable, select values from the drop-down to indicate the type of procedure code specified. If left blank, will default to HC on the output file.
Proc Qual /Code	Procedure code	If applicable, enter the procedure code matching the applicable billing line.
Modifiers 1 Thru 4	Modifier codes	If applicable, enter the modifier code matching the applicable billing line.

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Item	Description	Instruction
		billing line.
Paid Amount	Paid amount	Enter the amount paid from the primary or secondary payer.
Paid Units	Units	Enter the number of paid units from the primary or secondary payer.
B/U Line	Bundle/unbundle line number	<p>If bundling or unbundling from another billing line, enter the line number.</p> <p>Note: When you enter "save" upon completion of your claim, the system automatically sorts your claim lines into ascending revenue code order. If you initially entered your claim lines out of revenue code order, and then entered the line numbers for bundling or unbundling, these line numbers will be changed automatically with the new line numbers from the revenue code sort.</p>

Line Adjustment (CAS) and Miscellaneous Adjudication Information

Item	Description	Instruction
Procedure Code Description	A description of the procedure code specified on the SVD line	Enter the value of the SVC01-7 data element from the 835 transaction (if any).
Group	Group/category code	Select from the drop-down values to indicate general group/category of the payment adjustment.
Reason	Reason code	Select from the drop-down values to indicate a detailed reason the payment adjustment was made.
Amount	Adjustment amount	This is the amount of the adjustment.
Units	Units of service	These are the units of service being adjusted.
Adj/Payment Date	Adjudication date	This is the date the service line was adjudicated by the primary or secondary payer.

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5.0 Payer Information Tab

This section contains specific instructions for completing each item in the payer information tab.

In every drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value. **Note:** If entering a COB claim, use separate lines for the primary or secondary payer and for MassHealth.

Item	Description	Instruction
Item 50	Payer ID	Enter DMA7384 or right-click and select the payer from the payer file. If you are submitting a COB claim, make sure the primary or secondary payer has been set up in the payer file. Note: A Medicare Part A or Part B payer will be set up with an LOB = MCA (see the Reference File Maintenance Guide for detailed instructions on establishing Medicare Part A and Part B payers).
Item 50	Payer name	Field will be automatically populated based on the payer ID field.
Item 51	Provider no.	Enter the provider's national provider identifier (NPI). You may also right-click and pick from the provider listing if you use more than one NPI.
Item 52	Release of information (ROI)	Use the drop-down menu to choose the applicable value.
Item 53	Assignment of benefits (AOB)	Use the drop-down menu to choose the applicable value.
Item 54	Prior payments	Enter prior payments made by other insurances.
Item 55	Amount due	Enter the amount due.
P. Rel	Member's relationship	Enter 18 for MassHealth member. If you are submitting a COB claim and you are referencing the primary's or secondary's member relationship, use the drop-down menu to choose the applicable value to indicate the member's relationship to the insured for the other payer.
Item 48	Insured's last name, first name, and middle initial	Enter the member's last name, first name, and middle initial. This will auto fill from the information on the patient info and codes tab when 18 is entered in the "P Rel" field.

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Item	Description	Instruction
Item 60	Insured's ID	Enter the member identification number. If you are submitting a COB claim and you are referencing the primary or secondary payer's insured number, enter the appropriate identification value.
Item 61	Group name	Leave this item blank for MassHealth members. If you are submitting a COB claim and you are referencing the primary or secondary payer's group name, enter the appropriate group name.
Item 62	Group number	Leave this item blank for MassHealth members. If you are submitting a COB claim and you are referencing the primary or secondary payer's group number, enter the appropriate group number.
Item 63	Authorization code	Enter the PA number, referral number, or MassPRO PAS number. Refer to the MassHealth companion guide for instructions on completing this field.
Type	Type of authorization	Use the drop-down values to enter specialized information (referral, PA, or MassPRO authorization).
Esc	Employment status code	Use drop-down menu to choose the applicable value to indicate the member's employment status.
Item 65	Employer name	Enter employer name, if applicable.
Item 66	Employer address, city, state, zip	Enter employer information if applicable.

6.0 Diagnosis/Procedure Tab

This section contains specific instructions for completing each item in the diagnosis/procedure tab.

In every drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value.

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Item	Description	Instruction
Item 67	Principal diagnosis code	This is the principal ICD-9-CM diagnosis code. Enter the appropriate diagnosis code or right-click to select appropriate diagnosis code from the table.
Item 68-75	Other diagnosis codes	Enter the appropriate diagnosis code or right-click to select the appropriate diagnosis code from the table.
Item 76	Admitting diagnosis code	This is the admitting diagnosis code. Enter the appropriate diagnosis code or right-click to select the appropriate diagnosis code from the table.
Item 77	E-code	This is the emergency diagnosis code. Enter the appropriate emergency diagnosis code or right-click to select the appropriate diagnosis code from the table if applicable.
Item 78	Not used	Leave this item blank.
DRG	Diagnosis related group	Leave this item blank.
Item 79	Procedure coding	Enter the appropriate code by right-clicking from the table to indicate CPT-4, HCPCS, or ICD-9-CM, if applicable.
Item 80	Principal procedure code/date	Enter the appropriate procedure code or right-click to select the appropriate procedure code from the table.
Item 81	Other procedure 1 code/date	Enter the appropriate procedure code or right-click to select the appropriate procedure code from the table, if applicable.
Item 81	Other procedure 2 code/date	Enter the appropriate procedure code or right-click to select the appropriate procedure code from the table, if applicable.
Item 81	Other procedure 3 code/date	Enter the appropriate procedure code or right-click to select the appropriate procedure code from the table, if applicable.
Item 81	Other procedure 4 code/date	Enter the appropriate procedure code or right-click to select the appropriate procedure code from the table, if applicable.
Item 81	Other procedure 5 code/date	Enter the appropriate procedure code or right-click to select the appropriate procedure code from the table, if applicable.

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Item	Description	Instruction
COB?	Indicates COB claim	Choose the value from the drop-down menu. If Y is chosen, COB screens will be displayed as sub-tabs under the billing line items and the extended payers' tabs.
Item 82	Attending ID, last name, first name, middle initial, fed tax ID, and type	Right-click and select from the provider reference file. Please refer to the MassHealth companion guide for information on values for these data elements.
Operating ID	Last name, first name, middle initial, fed tax ID, and type	Right-click and select from the provider reference file. Please refer to the MassHealth companion guide for information on values for these data elements.
Item 83	Other ID, last name, first name, middle initial, fed tax ID, and type	Right-click and select from the provider reference file. Please refer to the MassHealth companion guide for information on values for these data elements.
Item 84	Remarks	Enter remark text information (not required).

7.0 Extended Patient/General Tab

This section contains specific instructions for completing each item in the extended patient/general tab.

In all cases of the drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value.

Facility Information

Item	Description	Instruction
ID/Type	Secondary provider ID	This is the secondary provider ID number of the facility where services being submitted on this claim were provided. Select the correct qualifier from the dropdown list.
Name	Facility name	This is the name of the facility where services being submitted on this claim were provided. This information should be entered only if the billing and rendering providers are not the same entity.
Address	Facility address	This is the facility address where the services were provided.
City/State	City/state	This is the facility city/state where the services were provided.
Zip/Country	Zip code	This is the facility zip code where the services were provided.
Facility Type	Type code	Leave this item blank.
Tax ID/Type	EIN/SSN	Enter the tax number. Select the tax number type from the drop-down values in the type field.

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Claim Supplemental Information (PWK)

Item	Description	Instruction
Type	Attachment report type code	Select from the dropdown list of values.
Trans	Attachment transmission code	Select from the dropdown list of values.
Attachment Control Number/ Description	Attachment control number (PWK06)	Entry is required if the attachment transmission code is any other value than 'AA.'

Claim Notes (NTE) / File Information (K3)

Item	Description	Instruction
Type	Claim note segment reference code (NTE01)	Select from the dropdown list values.
Narrative	Claim note narrative	This is the text narrative for this claim note or file information.

Miscellaneous Patient and General Information

Item	Description	Instruction
Delay Reason Code	Delay reason code	Leave this item blank

8.0 Extended Payer Tab

This section contains specific instructions for completing each item in the extended payer tab.

In every drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value.

Sub Tabs: Primary Payer/Secondary Payer/Tertiary Payer

Payer Address and Miscellaneous

Item	Description	Instruction
Address	Payer address	Enter the appropriate payer address.
City, State, Zip	Payer address	Enter the appropriate payer address.
Cov D	Number of covered days	Enter the total number of covered days of care represented by the statement covers period field.
N-CD	Number of noncovered days	Leave this item blank.
Payer Source Code	Payer source code	Use the drop-down menu to choose the applicable value. This field will be prepopulated from the payer record for the selected payer.
Claim Office Number	Claim office number	Leave this item blank.
Payer Indicator	Payer indicator	Leave this item blank.
Contractor ID	Contractor ID	Leave this item blank.

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Item	Description	Instruction
Provider SOF	Provider signature on file	This is the signature of the provider of service on this claim that acknowledges the performance of the service and authorizes that payment is on file in the provider's office.
Provider Accepts Assignment	Medicare assignment indicator	This is the code identifying whether the provider accepts Medicare assignment. Select the value from the drop-down list.
Authorization Code	Authorization code	Enter the authorization code, referral number, or MassPRO number.
Authorization Type	Authorization type	Use the drop-down menu to identify the type of authorization code.

Insured Address and Miscellaneous

Item	Description	Instruction
Address	Address	Enter the member's address. This will also auto fill.
City, State, Zip	City, state, zip	Enter the member's address. This will also auto fill.
Birthdate	Birth date	Enter the member's date of birth. This will also auto fill.
Sex	Sex	Enter M for male, F for female, or U for unknown. This will also auto-fill.
Patient ID	Patient ID	Enter the member's identification number.

Extended Authorization/IDE Information (34 Record) Set 1, Set 2, Set 3

Item	Description	Instruction
Type	Type of extended authorization	Enter the authorization code using the drop-down feature, if applicable.
Auth/IDE Num	Auth/IDE number	Enter the authorization code, if applicable.
Treatment Authorization Period	Treatment authorization period	Enter the date in MM/DD/YY format. Enter the dates in the span of authorized days.
Rev Code	Rev code	This is the revenue code associated with authorization. Enter the appropriate revenue code or right-click to select the appropriate revenue code from the table.
HCPCS	HCPCS	Use the drop-down menu to choose the applicable value. Enter the appropriate procedure code or right-click to select appropriate procedure code from the table.

9.0 COB Information (Primary or Secondary)

This section contains specific instructions for completing each item on the COB information (primary or secondary).

Note: This tab will appear only if the "COB?" element on the Patient Info and General tab is Y.

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In every drop-down menu, you may select the appropriate value by right-clicking in the field and then selecting the desired value. Claim Adjustments/COB Amounts/MIA-MOA Information (ANSI-837 Use Only)

Claim Level Adjustments (CAS)

Item	Description	Instruction
Group	Group/category code	Select from the drop-down values to indicate the general group/category of the payment adjustment.
Reason	Reason code	Select from drop-down values to indicate a detailed reason for the payment adjustment.
Amount	Adjustment amount	This is the amount of the adjustment
Units	Units of service	These are the units of service being adjusted.

COB / MIA / MOA Amounts

Item	Description	Instruction
Code	COB/MOA code	Select from drop-down values to identify the type of COB/MOA amount being specified.
Amount	COB/MOA amount	This is the COB/MOA amount to report.

Medicare Inpatient Adjudication (MIA) Remarks Codes

Item	Description	Instruction
Remark Code	Remittance remark code	From the drop-down values to identify inpatient remittance remark, by selecting the code representing nonfinancial information needed to understand the adjudication of the claim.

Medicare Outpatient Adjudication (MOA) Remarks Codes

Item	Description	Instruction
Remark Code	Remittance remark code	Use the drop-down values for outpatient remittance remarks, to select code representing nonfinancial information needed to understand the adjudication of the claim.
Adj/Payment Date	Adjudication date	The date the service line was adjudicated by the primary or secondary payer.

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10.0 Version Table

Version	Date	Section/Pages	Description
1.57	10/03	PCSS introduced	Production version issued.
1.66	06/05	Software version update	Production version issued
1.68	11/06	Entire document reformatted into standard guide template and updates made.	Production version issued.
1.84	07/07	Updated for NPI and new version of PCSS.	Production version issued.